#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	001A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Diesel Oil Content	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Oil Based, Aqueous Based Fluids and Cuttings	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3 DAILY MX	mg/kg		Once Per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once Per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily When Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	49950 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

I certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for

#### COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Diesel Oil Content refers to Diesel Oil Discharge.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

2. Drilling fluids & Drill Cuttings annual cumulative volume from Dec 1st thru Nov 30th each year.

nowing violations.

3. Drill fluid inventory refer to Attachment.

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

DATE

MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	001A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****			*****	*****					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	18150 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	*****	*****		*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	3 MINIMUM	*****	*****	%		Once Every Event	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	3 MINIMUM	*****	*****	%		Once Every Event	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	*****	*****		*****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	*****	*****	****	3 MINIMUM	*****	*****	%		Once Every Event	GRAB

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	ktrowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Diesel Oil Content refers to Diesel Oil Discharge.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Dec 1st thru Nov 30th each year.
- 3. Drill fluid inventory refer to Attachment.

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF00114	7	002A-A			
PERMIT NUMI	BER	DISCHARGE NUMBER			
	MONITOR	RING PERIOD			
MM/DD/Y	/YY	MM/DD/YYYY			
03/01/20	1.4	03/31/2014			

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00552 1 0	PERMIT	*****	*****	*****	*****	29	42	mg/L		Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				<u> </u>
Produced water, flow	SAMPLE MEASUREMENT		*****		*****	****	****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	****	*****		Daily	ESTIMA

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Elly-only platform currently capable of discharging Produced Water for Beta Offshore.
- 2. Values listed in the DMR for zinc are post dilution (including the limits).
- 3. If Prod. water is discharged, 12 mo of monitoring is required for RP analysis, (Ellen & Eureka DMRs ONLY)

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	003A-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONIT	ORING PERIOD			
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY	<b></b>		

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluids

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	****	*****	*****	*****						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once Every Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once Every Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****			****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once Per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT				****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once Every Occurance	ESTIMA

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Refer to cover letter.

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FACILITY: PLATFORM ELLEN

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PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	004A-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITO	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
03/01/2014	03/31/2014				

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Deck Drainage External Outfall

No Discharge

	QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION NO.			L	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	*****	*****	****	*****					
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/THE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
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TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Free Oil Sheen - # days observed (see attach report).

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

Γ	CAF001147		005A-A				
	PERMIT NUMBER	Į	DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
	03/01/2014	٦	03/31/2014				

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO. FREQUENCY	1	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	d/mo	*****	****	*****	*****		Daily	VISUAL
Flow rate, domestic	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****						
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

MAINE/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
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TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chlorine not required if properly operating a USCG approval marine sanitation device.

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

Γ	CAF001147		006A-A				
l	PERMIT NUMBER	DISCHARGE NUMBER					
	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
	03/01/2014	7	03/31/2014				

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONC	ENTRATION		NO.	·	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily When Discharging	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	007A-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CONC	ENTRATION	NO.	1	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	****		Daily	VISUAL

MANNETHILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and tevaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	008A-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					
03/01/2014	03/31/2014					

DMR Mailing ZIP CODE:

P CODE:

MINOR (SUBR FW)

Fire Control System Water

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Upon initiation of chlorination, collect monthly samples for 12 months & submit RP analysis.
- 2. There is no permit limit for chlorine for discharge (008, 009). Refer to attached chemical inventory if chlorinating.

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

Γ	CAF001147	Г	009A-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

MAINE/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Upon initiation of chlorination, collect monthly samples for 12 months & submit RP analysis.
- 2. There is no permit limit for chlorine for discharge (008, 009). Refer to attached chemical inventory if chlorinating.

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FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	010A-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
03/01/2014	03/31/2014						

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

MAINE/ITTLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, rue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	ktnowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	011A-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
03/01/2014	03/31/2014						

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Bilge Water External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CONC	ENTRATION		NO.	1 1	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of ny knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	012A-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
03/01/2014	03/31/2014							

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Boiler Blowdown

External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily	VISUAL

MANUEL I KINGII AL LALGOTIVE OI FIGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	013A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Test Fluids

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

MAINE/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of ny knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	014A-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONIT	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
03/01/2014	03/31/2014			

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

,					
	CAF001147		015A-A		
	PERMIT NUMBER	DISCHARGE NUMBER			
	MONIT	OF	RING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY		
	03/01/2014	٦	03/31/2014		

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

**Bulk Transfer Material Overflow** 

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

MAINE/ITTLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, rue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	ktnowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147		016A-A			
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
MONII	RING PERIO	D			
MM/DD/YYYY	r	D WM/DD/YYYY			

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	****		Daily	VISUAL

MANNETHILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and tevaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	017A-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
03/01/2014	03/31/2014				

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	1	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily When Discharging	VISUAL

MANUEL I KINGII AL LALGOTIVE OI FIGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

Γ	CAF001147	ſ	018A-A			
l	PERMIT NUMBER	l	DISCHARGE NUMBER			
	MONIT	OF	RING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Laboratory Waste External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittied. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	019A-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONIT	ORING PERIOD	
MM/DD/YYYY	ORING PERIOD  MM/DD/YYYY	www.

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

MAINE/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of ny knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Dec. 1 through Nov. 30 each year.

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	020A-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONIT	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
03/01/2014	03/31/2014			

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information subtriated. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, rue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

Г	0.500		
	CAF001147	- 1	021A-A
L	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORI	NG PERIOD
	MM/DD/YYYY	7	MM/DD/YYYY
	03/01/2014	7	03/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Hydrotest Water External Outfall

No	Discharge	
	Discharge	

		QUA	NTITY OR LOADING	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	****	*****					
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

Γ	CAF001147	Ī	022A-A
L	PERMIT NUMBER	l	DISCHARGE NUMBER
	MONIT	OF	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	03/01/2014	7	03/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

MAINE/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of ny knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	001A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

**DMR Mailing ZIP CODE:** 

90802

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Diesel Oil Content	SAMPLE MEASUREMENT	*****	*****	*****	****	*****					
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Oil Based, Aqueous Based Fluids and Cuttings	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	****	*****					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once Per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once Per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily When Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	49950 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

# NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for AUTHORIZED AGENT TYPED OR PRINTED I TELEPHONE DATE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code NUMBER MM//DD/YYYY

- 1. Diesel Oil Content refers to Diesel Oil Discharge.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Dec 1st thru Nov 30th each year.
- 3. Drill fluid inventory refer to Attachment.

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	001A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	AL 20 18 1 AL 20 18 18 18 18 18 18 18 18 18 18 18 18 18
MOMIL	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****			*****	*****					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	18150 YTD TOT	bbl	****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	****	%		Once Every Event	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Once Every Event	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	****	%		Once Every Event	GRAB

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Diesel Oil Content refers to Diesel Oil Discharge.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Dec 1st thru Nov 30th each year.
- 3. Drill fluid inventory refer to Attachment.

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	Γ	002A-A
PERMIT NUMBER		DISCHARGE NUMBER
MONIT	OR	ING PERIOD
MM/DD/YYYY	]	MM/DD/YYYY
04/01/2014	7	04/30/2014

DMR Mailing ZIP CODE:

CODE:

90802

MINOR (SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00552 1 0	PERMIT	*****	*****	*****	*****	29	42	mg/L		Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				i
Produced water, flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
82600 1 0	PERMIT	Req. Mon.	*****	bbl/d	*****	*****	*****	*****		Daily	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG									į
1			*****	bbl/d	*****	*****	*****	*****		Daily	E

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Elly-only platform currently capable of discharging Produced Water for Beta Offshore.
- 2. Values listed in the DMR for zinc are post dilution (including the limits).
- 3. If Prod. water is discharged, 12 mo of monitoring is required for RP analysis, (Ellen & Eureka DMRs ONLY)

#### **DISCHARGE MONITORING REPORT (DMR)**

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	003A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluids

External Outfall

No Discharge

		QUA	NTITY OR LOADING	<del></del>		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once Every Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once Every Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once Per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT				*****	****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once Every Occurance	ESTIMA

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TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Refer to cover letter.

## DISCHARGE MONITORING REPORT (DMR)

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147			004A-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONIT	O.	PRING PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	04/01/2014	٦	04/30/2014				

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Deck Drainage

External Outfall

No Discharge

		QUANTITY OR LOADING				QUALITY OR CONC	ENTRATION		NO.	1	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/THE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Free Oil Sheen - # days observed (see attach report).

#### **DISCHARGE MONITORING REPORT (DMR)**

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	005A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Flow rate, domestic	SAMPLE MEASUREMENT		*****		****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	****						
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

MANUEL I KINGII AL LALGOTIVE OI FIGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chlorine not required if properly operating a USCG approval marine sanitation device.

## **DISCHARGE MONITORING REPORT (DMR)**

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FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	006A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	<b>1</b>	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily When Discharging	VISUAL

NAME/TILL PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	Retrowning Violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	007A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

MANNETHILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and tevaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

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PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

Γ	CAF001147		008A-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	OF	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2014	٦	04/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	1	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Upon initiation of chlorination, collect monthly samples for 12 months & submit RP analysis.
- 2. There is no permit limit for chlorine for discharge (008, 009). Refer to attached chemical inventory if chlorinating.

#### **DISCHARGE MONITORING REPORT (DMR)**

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	009A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONI	TORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

MAINE/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of ny knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Upon initiation of chlorination, collect monthly samples for 12 months & submit RP analysis.
- 2. There is no permit limit for chlorine for discharge (008, 009). Refer to attached chemical inventory if chlorinating.

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147		010A-A				
PERMIT NUMBER		DISCHARGE NUMBER				
MONIT	ORIN	G PERIOD				
MM/DD/YYYY	]	MM/DD/YYYY				

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUA	NTITY OR LOADING	QUANTITY OR LOADING		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

MAINE/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	011A-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
IVIIVI/DD/TTTT					

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)
Bilge Water
External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

MANIE/ITTLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	ktnowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	012A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	TORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Boiler Blowdown

External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

MAINE/ITTLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	ktrowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

Γ	CAF001147	Γ	013A-A
T	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORII	NG PERIOD
	MM/DD/YYYY	7	MM/DD/YYYY
	04/01/2014	٦	04/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)
Test Fluids
External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147		014A-A
PERMIT NUMBER		DISCHARGE NUMBER
MONIT	ORIN	G PERIOD
MM/DD/YYYY	ORIN	G PERIOD  MM/DD/YYYY

DMR Mailing ZIP CODE:

illing Zir GODL.

90802

MINOR (SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittied. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	015A-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONIT	ORING PERIOD	
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY	

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

MANNETHILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and tevaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	016A-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONIT	ORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY	
04/01/2014	04/30/2014	

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

Γ	CAF001147		017A-A
T	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	OI	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2014	٦	04/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

	QUA	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	· 1	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL

MANUEL I KINGII AL LALGOTIVE OI FIGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	018A-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Laboratory Waste
External Outfall

No Discharge

	QUA	QUANTITY OR LOADING			QUALITY OR CONC	ENTRATION		NO.	·	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittied. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

-	CAF001147		019A-A				
L	PERMIT NUMBER		DISCHARGE NUMBER				
	MONIT	ORII	IG PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
		_					

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				∐ NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

MANUEL I KINGII AL LALGOTIVE OI FIGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Dec. 1 through Nov. 30 each year.

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	020A-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
04/01/2014	04/30/2014								

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUA	QUANTITY OR LOADING			QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittied. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	021A-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
04/01/2014	04/30/2014							

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Hydrotest Water External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	****	*****	*****	*****	****					
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

MAINE/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of ny knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

Г	CAF001147		022A-A							
	PERMIT NUMBER	DISCHARGE NUMBER								
Γ	MONITORING PERIOD									
	MM/DD/YYYY	]	MM/DD/YYYY							
Γ	04/01/2014	1	04/30/2014							

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

MAINE/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of ny knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148		001A-A							
PERMIT NUMBER		DISCHARGE NUMBER							
MONITORING PERIOD									
MM/DD/YYYY	]	MM/DD/YYYY							
03/01/2014	7	03/31/2014							

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Diesel Oil Content	SAMPLE MEASUREMENT	*****	*****	*****	****	*****					
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Oil Based, Aqueous Based Fluids and Cuttings	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	****	*****					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once Per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once Per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily When Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	49950 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE		
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, rue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	1			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

- 1. Diesel Oil Content refers to Diesel Oil Discharge.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Dec 1st thru Nov 30th each year.
- 3. Drill fluid inventory refer to Attachment.

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	001A-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
03/01/2014	03/31/2014								

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****			*****	*****					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	18150 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	****	*****		*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Once Every Event	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Once Every Event	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	****	*****		*****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	3 MINIMUM	****	*****	%		Once Every Event	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Diesel Oil Content refers to Diesel Oil Discharge.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Dec 1st thru Nov 30th each year.
- 3. Drill fluid inventory refer to Attachment.

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	002A-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
03/01/2014	03/31/2014								

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	****						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01094 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.024 MO AVG	.064 DAILY MX	mg/L		Quarterly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Daily	ESTIMA
Produced water, flow	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
82600 O 0 See Comments	PERMIT REQUIREMENT	*****	10950000 YTD TOT	bbl/mo	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, rue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Elly-only platform currently capable of discharging Produced Water for Beta Offshore.
- 2. Values listed in the DMR for zinc are post dilution (including the limits).
- 3. If Prod. water is discharged, 12 mo of monitoring is required for RP analysis, (Ellen & Eureka DMRs ONLY)

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	003A-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
03/01/2014	03/31/2014								

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)

Well Treatment, Completion and Workover Fluids

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once Every Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once Every Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****			****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once Per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT				*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once Every Occurance	ESTIMA

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, rue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Refer to cover letter.

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

Γ	CAF001148		004A-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
ſ	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
	03/01/2014	٦	03/31/2014						

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Deck Drainage External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR CONCENTRATION			NO.	1 1	SAMPLE				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittied. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	ktnowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Free Oil Sheen - # days observed (see attach report).

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	005A-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
03/01/2014	03/31/2014								

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Flow rate, domestic	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	****	*****	*****	****						
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chlorine not required if properly operating a USCG approval marine sanitation device.

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	006A-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
03/01/2014	03/31/2014						

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily When Discharging	VISUAL

	NAME/THE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
		system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
ſ	TYPED OR PRINTED	ATOMITY VIOLETONS.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

Γ	CAF001148	Γ	007A-A						
L	PERMIT NUMBER DISCHARGE NUMBER								
	MONITORING PERIOD								
	MM/DD/YYYY	1	MM/DD/YYYY						
		7							

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

		QUA	NTITY OR LOADING	•		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

MAINE/ITTLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	ktnowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	008A-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY								

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Upon initiation of chlorination, collect monthly samples for 12 months & submit RP analysis.
- 2. There is no permit limit for chlorine for discharge (008, 009). Refer to attached chemical inventory if chlorinating.

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	009A-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY								
03/01/2014	03/31/2014								

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CON	CENTRATION		NO.		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

MANIE/ITTLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Upon initiation of chlorination, collect monthly samples for 12 months & submit RP analysis.
- 2. There is no permit limit for chlorine for discharge (008, 009). Refer to attached chemical inventory if chlorinating.

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	010A-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONIT	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
03/01/2014	03/31/2014									

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUA	ITITY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

MANIE/ITTLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	ktnowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	011A-A								
PERMIT NUMBER	PERMIT NUMBER DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
03/01/2014	03/31/2014								

DMR Mailing ZIP CODE:

P CODE:

90802

MINOR (SUBR FW)

Bilge Water External Outfall

No Discharge

		QUA	NTITY OR LOADING	<b>;</b>		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittied. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	012A-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
03/01/2014	03/31/2014				

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Boiler Blowdown

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	ktrowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	013A-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
03/01/2014	03/31/2014								

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Test Fluids External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

MAINE/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of ny knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	014A-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONITORING PERIOD										
INOINI	ORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									

DMR Mailing ZIP CODE:

ining En OODE.

90802

MINOR (SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	· ·	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittied. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	015A-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
03/01/2014	03/31/2014							

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

**Bulk Transfer Material Overflow** 

External Outfall

No Discharge

	QUA	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

MANNETHILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and tevaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

PLATFORM ELLY **LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

FACILITY:

Γ	CAF001148 016A-A								
	PERMIT NUMBER DISCHARGE NUMBER								
	MONITORING PERIOD								
	MM/DD/YYYY	7	MM/DD/YYYY						
	03/01/2014	7	03/31/2014						

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

MAINE/ITTLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, rue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	ktrowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	017A-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
03/01/2014	03/31/2014							

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily When Discharging	VISUAL

MAINE/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of ny knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

Г	CAF001148		018A-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	03/01/2014	٦	03/31/2014					

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Laboratory Waste External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittied. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	ktnowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	019A-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONITORING PERIOD										
MONIT	ORING PERIOD									
MM/DD/YYYY	ORING PERIOD  MM/DD/YYYY									

DMR Mailing ZIP CODE:

DE:

90802

MINOR (SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONC	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT		*****		*****	****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are alignificant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Dec. 1 through Nov. 30 each year.

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	020A-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONIT	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
03/01/2014	03/31/2014									

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON-	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	สนางพทิติ พาวเยนงกร.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	021A-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
03/01/2014	03/31/2014								

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Hydrotest Water External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	022A-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
03/01/2014	03/31/2014				

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	1	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

MAINE/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	001A-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MOMIL	DRING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUA	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Diesel Oil Content	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Oil Based, Aqueous Based Fluids and Cuttings	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	****	*****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3 DAILY MX	mg/kg		Once Per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1 DAILY MX	mg/kg		Once Per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily When Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	*****			****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****			*****	*****	****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	49950 YTD TOT	bbl	*****	****	****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Diesel Oil Content refers to Diesel Oil Discharge.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Dec 1st thru Nov 30th each year.
- 3. Drill fluid inventory refer to Attachment.

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	001A-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONII	ORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****			*****	*****					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	18150 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	****		****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	*****	*****	%		Once Every Event	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	*****	*****	%		Once Every Event	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Once Every Event	GRAB

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TYPED OR PRINTED	RELOWING VIOLENTS.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Diesel Oil Content refers to Diesel Oil Discharge.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Dec 1st thru Nov 30th each year.
- 3. Drill fluid inventory refer to Attachment.

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	002A-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
04/01/2014	04/30/2014								

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	****	*****	*****	*****						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01094 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	****	.024 MO AVG	.064 DAILY MX	mg/L		Quarterly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Daily	ESTIMA
Produced water, flow	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82600 O 0 See Comments	PERMIT REQUIREMENT	*****	10950000 YTD TOT	bbl/mo	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Elly-only platform currently capable of discharging Produced Water for Beta Offshore.
- 2. Values listed in the DMR for zinc are post dilution (including the limits).
- 3. If Prod. water is discharged, 12 mo of monitoring is required for RP analysis, (Ellen & Eureka DMRs ONLY)

### **DISCHARGE MONITORING REPORT (DMR)**

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OMB No. 2040-0004

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	003A-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
04/01/2014	04/30/2014							

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluids

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	29 MO AVG	42 DAILY MX	mg/L		Once Every Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	****	*****	*****	*****		Once Every Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****			*****	*****	****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	****	*****	*****	*****		Once Per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT				*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once Every Occurance	ESTIMA

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Refer to cover letter.

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148		004A-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	RIN	G PERIOD
MM/DD/YYYY		MM/DD/YYYY
04/01/2014		04/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Deck Drainage External Outfall

No Discharge

		QUA	NTITY OR LOADING	G		QUALITY OR CON	CENTRATION		NO.	1	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittied. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	ktnowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Free Oil Sheen - # days observed (see attach report).

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	005A-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MONIT	ORING PERIOD							
MM/DD/YYYY	ORING PERIOD  MM/DD/YYYY							

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Flow rate, domestic	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	****	*****	*****	*****						
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

MANUEL I KINGII AL LALGOTIVE OI FIGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chlorine not required if properly operating a USCG approval marine sanitation device.

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148		006A-A			
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	OF	RING PERIOD			
MM/DD/YYYY	٦	MM/DD/YYYY			
IVIIVI/DD/1111		11111/12/20/11/11			

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

		QUA	NTITY OR LOADING	<b>;</b>		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittied. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	007A-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
11111550000	111111111111111111111111111111111111111								
MM/DD/YYYY	MM/DD/YYYY								

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

		QUA	NTITY OR LOADING	•		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

MAINE/ITTLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, rue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	ktrowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	008A-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
04/01/2014	04/30/2014				

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	****	****					
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittied. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Upon initiation of chlorination, collect monthly samples for 12 months & submit RP analysis.
- 2. There is no permit limit for chlorine for discharge (008, 009). Refer to attached chemical inventory if chlorinating.

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	009A-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
04/01/2014	04/30/2014								

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	****	*****					
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Upon initiation of chlorination, collect monthly samples for 12 months & submit RP analysis.
- 2. There is no permit limit for chlorine for discharge (008, 009). Refer to attached chemical inventory if chlorinating.

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148		010A-A							
PERMIT NUMBER	PERMIT NUMBER DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	]	MM/DD/YYYY							
	7								

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CONC	ENTRATION		NO.	1	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

MAINE/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	011A-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONIT	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
04/01/2014	04/30/2014									

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Bilge Water External Outfall

No Discharge

		QUA	NTITY OR LOADING	R LOADING QU		QUALITY OR CONG	ENTRATION		NO.	1	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

MANUEL I KINGII AL LALGOTIVE OI FIGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	012A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Boiler Blowdown

External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

MANUEL I KINGII AL LALGOTIVE OI FIGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	013A-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONITO	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
IVIIVI/DD/TTTT	WINNI/DD/TTTT									

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Test Fluids External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONC	ENTRATION		NO.	1	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and sevaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEPI	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

Γ	CAF001148		014A-A			
	PERMIT NUMBER	DISCHARGE NUMBER				
	MONIT	OF	RING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	04/01/2014	٦	04/30/2014			

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	สนางพทิติ พาวเยนงกร.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	015A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

**Bulk Transfer Material Overflow** 

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

MAINE/ITTLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	ktnowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	016A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)
Uncontaminated Water

External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	ktrowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148 017A-A					
PERMIT NUMBER	DISCHARGE NUMBER				
MON	IITORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
04/01/2014	04/30/2014				

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily When Discharging	VISUAL

MAINE/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	018A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Laboratory Waste External Outfall

No Discharge

		QUA	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittied. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	019A-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					
04/01/2014	04/30/2014					

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUA	QUANTITY OR LOADING			QUALITY OR CONC	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT		*****		*****	****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

MAME/THE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Dec. 1 through Nov. 30 each year.

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	020A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittied. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	ktnowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	021A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Hydrotest Water
External Outfall

NΛ	Discharge	

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

**LOCATION:** LAT 33 35 00.3N LO 118 07 37.5W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	022A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUA	NTITY OR LOADING	 G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Diesel Oil Content	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Oil Based, Aqueous Based Fluids and Cuttings	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	3 DAILY MX	mg/kg		Once Per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	****	*****					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	****	1 DAILY MX	mg/kg		Once Per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. MO TOTAL	d		Daily When Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	****			****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****			****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	36650 YTD TOT	bbl	****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that quedified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Diesel Oil Content refers to Diesel Oil Discharge.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Dec 1st thru Nov 30th each year.
- 3. Drill fluid inventory refer to Attachment.

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****			*****	*****					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	13350 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	****		****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Once Every Event	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	*****	*****	%		Once Every Event	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	3 MINIMUM	*****	*****	%		Once Every Event	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and sevaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEPI	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Diesel Oil Content refers to Diesel Oil Discharge.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Dec 1st thru Nov 30th each year.
- 3. Drill fluid inventory refer to Attachment.

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149	002A-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014	

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

ATTN: Marina Roberston

	QUA	NTITY OR LOADING	3		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		*****		****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Daily	ESTIMA

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Elly-only platform currently capable of discharging Produced Water for Beta Offshore.
- 2. Values listed in the DMR for zinc are post dilution (including the limits).
- 3. If Prod. water is discharged, 12 mo of monitoring is required for RP analysis, (Ellen & Eureka DMRs ONLY)

#### **DISCHARGE MONITORING REPORT (DMR)**

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149	003A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluids

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once Every Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****			****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once Every Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****			****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	****	*****	*****	*****		Once Per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT				*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once Every Occurance	ESTIMA

MAINE/ITTLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	ktrowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Refer to cover letter.

#### **DISCHARGE MONITORING REPORT (DMR)**

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Roberston

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 004A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2014 03/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Deck Drainage External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	*****	*****	****	*****					
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittied. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	ktnowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Free Oil Sheen - # days observed (see attach report).

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149	005A-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MONIT	ORING PERIOD							
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY							

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	****	*****	*****	*****		Daily	VISUAL
Flow rate, domestic	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****						
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

MANUEL I KINGII AL LALGOTIVE OI FIGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chlorine not required if properly operating a USCG approval marine sanitation device.

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149	006A-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
03/01/2014	03/31/2014							

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONC	ENTRATION		NO.	<b>1</b>	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	สนางพทิติ พาวเยนงกร.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149	007A-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
03/01/2014	03/31/2014							

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	****		Daily	VISUAL

MAINE/ITTLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	ktnowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

MEASUREMENT

PERMIT

REQUIREMENT

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Roberston

85790 1 0

Effluent Gross

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

000

\*\*\*\*\*

\*\*\*\*\*

CAF001149	008A-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014	

\*\*\*\*\*

\*\*\*\*\*

Req. Mon.

DAILY MX

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Fire Control System Water

ug/L

External Outfall

No Discharge

Monthly

GRAB

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. **FREQUENCY** SAMPLE OF ANALYSIS EX TYPE **PARAMETER** VALUE **VALUE** UNITS **VALUE VALUE VALUE** UNITS \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\*\* Floating solids, waste or visible SAMPLE MEASUREMENT foam-visual \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* **PERMIT** Y=1;N=0 VISUAL 45613 1 0 Req. Mon. Daily REQUIREMENT Effluent Gross **VALUE** SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Chlorine addition rate

\*\*\*\*\*

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are alignificant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Upon initiation of chlorination, collect monthly samples for 12 months & submit RP analysis.
- 2. There is no permit limit for chlorine for discharge (008, 009). Refer to attached chemical inventory if chlorinating.

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Roberston

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 009A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

03/01/2014 03/31/2014 DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUA	QUANTITY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

MANIE/ITTLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TYPED OR PRINTED	knowing violations.		AREA Code	NUMBER	MM/DD/YYYY

- 1. Upon initiation of chlorination, collect monthly samples for 12 months & submit RP analysis.
- 2. There is no permit limit for chlorine for discharge (008, 009). Refer to attached chemical inventory if chlorinating.

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149	010A-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MONIT	ORING PERIOD							
MM/DD/YYYY	ORING PERIOD  MM/DD/YYYY							

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

MAINE/ITTLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	ktnowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION**: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149	011A-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
03/01/2014	03/31/2014								

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Bilge Water External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/THE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION**: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149	012A-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
IVIIVII DD/ 1 1 1 1									

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Boiler Blowdown

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

MANUEL I KINGII AL LALGOTIVE OI FIGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

Γ	CAF001149		013A-A		
Γ	PERMIT NUMBER		DISCHARGE NUMBER		
	MONIT	OF	RING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY		
	03/01/2014	7	03/31/2014		

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Test Fluids

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

MANIE/ITTLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	ktnowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149	014A-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY								

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL

MANIE/ITTLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE
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TYPED OR PRINTED	knowing violations.		AREA Code	NUMBER

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802
ATTN: Marina Roberston

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

**Bulk Transfer Material Overflow** 

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	ktrowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 016A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY

MM/DD/YYYY 03/01/2014 03/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

ATTN: Marina Roberston

		QUA	NTITY OR LOADING	}		QUALITY OR CONG	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittied. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

0000

CAF001149 017A-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 03/01/2014
 03/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

ATTN: Marina Roberston

		QUA	NTITY OR LOADING	}		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily When Discharging	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittied. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149	018A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Laboratory Waste External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily When Discharging	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittied. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	ktnowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149		019A-A
PERMIT NUMBER		DISCHARGE NUMBER
THOME		
MONII	ORING F	PERIOD
MM/DD/YYYY	DRING F	PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible	SAMPLE	*****			*****	*****	*****	*****			
foam-visual	MEASUREMENT										
45613 1 0	PERMIT	****	Req. Mon.	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Effluent Gross	REQUIREMENT		VALUE							-	
Free Oil Visual Sheen	SAMPLE	*****			*****	*****	*****	*****			
	MEASUREMENT										
51689 1 0	PERMIT	*****	Reg. Mon.	Y=1;N=0	*****	*****	*****	*****		Daily When	VISUAL
Effluent Gross	REQUIREMENT		VALUE							Discharging	
Flow	SAMPLE		*****		*****	*****	*****	*****			
	MEASUREMENT										
74076 1 0	PERMIT	Reg. Mon.	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG								,	
Flow	SAMPLE		*****		*****	*****	*****	*****			
	MEASUREMENT										
74076 EG 0	PERMIT	1200	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Effluent Gross	REQUIREMENT	YTD TOT								, ,	

MAINE/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of ny knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Dec. 1 through Nov. 30 each year.

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 020A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

03/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

ATTN: Marina Roberston

		QUA	NTITY OR LOADING	;		QUALITY OR CONG	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily When Discharging	VISUAL

03/01/2014

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittied. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149	021A-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITORING PERIOD									
MONIT	ORING PERIOD								
MM/DD/YYYY	ORING PERIOD  MM/DD/YYYY								

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Hydrotest Water External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

MANUEL I KINGII AL LALGOTIVE OI FIGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

Γ	CAF001149	CAF001149 022A-A					
L	PERMIT NUMBER DISCHARGE NUMBER						
	MONIT	OR	RING PERIOD				
	MM/DD/YYYY	1	MM/DD/YYYY				
	03/01/2014	٦	03/31/2014				

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

MAINE/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of ny knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149	001A-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
04/01/2014	04/30/2014								

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUA	QUANTITY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Diesel Oil Content	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Oil Based, Aqueous Based Fluids and Cuttings	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once Per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	****	****	*****	*****	*****					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	1 DAILY MX	mg/kg		Once Per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily When Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	****			****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	36650 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Diesel Oil Content refers to Diesel Oil Discharge.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Dec 1st thru Nov 30th each year.
- 3. Drill fluid inventory refer to Attachment.

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149	001A-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONITO	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
04/01/2014	04/30/2014									

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****			*****	*****					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	13350 YTD TOT	bbl	****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	****	*****		*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Once Every Event	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	*****	*****	%		Once Every Event	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	****	*****		*****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Once Every Event	GRAB

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	RELOWING VIOLENTS.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Diesel Oil Content refers to Diesel Oil Discharge.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Dec 1st thru Nov 30th each year.
- 3. Drill fluid inventory refer to Attachment.

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

ATTN: Marina Roberston

				;		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Daily	ESTIMA

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Elly-only platform currently capable of discharging Produced Water for Beta Offshore.
- 2. Values listed in the DMR for zinc are post dilution (including the limits).
- 3. If Prod. water is discharged, 12 mo of monitoring is required for RP analysis, (Ellen & Eureka DMRs ONLY)

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149	003A-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
04/01/2014	04/30/2014								

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluids

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	29 MO AVG	42 DAILY MX	mg/L		Once Every Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once Every Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once Per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT				*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once Every Occurance	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	kknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Refer to cover letter.

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION**: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

Γ	CAF001149		004A-A
T	PERMIT NUMBER		DISCHARGE NUMBER
	MONI	ГОГ	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Deck Drainage

External Outfall

No Discharge

		QUA	NTITY OR LOADING	<b>;</b>		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittied. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Free Oil Sheen - # days observed (see attach report).

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Roberston

Effluent Gross

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

00

DMR Mailing ZIP CODE:

ZIP GODE.

90802

MINOR (SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****			****	*****	*****	*****			
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Flow rate, domestic	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	****	*****	*****						
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
82606 1 0	PERMIT	Rea. Mon.	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chlorine not required if properly operating a USCG approval marine sanitation device.

REQUIREMENT

MO AVG

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)
Blowout Preventer Fluid

External Outfall

No Discharge

ATTN: Marina Roberston

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	ktnowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149	ſ	007A-A				
PERMIT NUMBER		DISCHARGE NUMBER				
MONIT	OR	ING PERIOD				
MM/DD/YYYY		MM/DD/YYYY				
04/01/2014	7	04/30/2014				

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	****		Daily	VISUAL

MANIE/ITTLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

MEASUREMENT

PERMIT

REQUIREMENT

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Roberston

85790 1 0

Effluent Gross

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

0000

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\*\*\*\*\*

\*\*\*\*\*

\*\*\*\*\*

Req. Mon.

DAILY MX

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

ug/L

No Discharge

Monthly

GRAB

		QUA	NTITY OR LOADING	;	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine addition rate	SAMPLE	*****	*****	*****	*****	*****					

\*\*\*\*\*

MANUEL I KINGII AL LALGOTIVE OI FIGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Upon initiation of chlorination, collect monthly samples for 12 months & submit RP analysis.
- 2. There is no permit limit for chlorine for discharge (008, 009). Refer to attached chemical inventory if chlorinating.

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149	009A-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ADIMA DEDIAD				
MOMI	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	****	*****					
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Upon initiation of chlorination, collect monthly samples for 12 months & submit RP analysis.
- 2. There is no permit limit for chlorine for discharge (008, 009). Refer to attached chemical inventory if chlorinating.

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149	010A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
	04/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

MANIE/ITTLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	ktnowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149	011A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
IVIIVI/DD/11111	I WHAND BY I I I I

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Bilge Water
External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONG	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX OF ANALYSIS		TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

MANUEL I KINGII AL LALGOTIVE OI FIGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149		012A-A
PERMIT NUMBER		DISCHARGE NUMBER
MONIT	ORIN	G PERIOD
MM/DD/YYYY	]	MM/DD/YYYY
04/01/2014	7	04/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Boiler Blowdown

External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

MAINE/ITTLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	ktrowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

Effluent Gross

CAF001149	013A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)
Test Fluids
External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		****	*****	*****	*****			
74076 1 0	PERMIT	Req. Mon.	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REQUIREMENT

MO AVG

1. Chemical Inventory, refer to Attachment X.

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149	014A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily When Discharging	VISUAL

NAME/TILL PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	Retrowning Violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

45613 1 0

Effluent Gross

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802
ATTN: Marina Roberston

PERMIT

REQUIREMENT

CAF001149	015A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

\*\*\*\*\*

\*\*\*\*\*

DMR Mailing ZIP CODE:

90802

MINOR

\*\*\*\*\*

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

\*\*\*\*\*

No Discharge

Daily

VISUAL

QUANTITY OR LOADING **QUALITY OR CONCENTRATION** NO. **FREQUENCY** SAMPLE OF ANALYSIS TYPE EX **PARAMETER** VALUE VALUE **VALUE VALUE** UNITS UNITS **VALUE** \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* SAMPLE \*\*\*\*\* \*\*\*\*\*\* Floating solids, waste or visible MEASUREMENT foam-visual

Y=1;N=0

Req. Mon.

VALUE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

0000

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

ATTN: Marina Roberston

		QUA	NTITY OR LOADING	}		QUALITY OR CONG	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149	017A-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
04/01/2014	04/30/2014						

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	สนางพทิติ พาวเลขานาร	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Roberston

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 018A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

04/30/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Laboratory Waste External Outfall

No Discharge

		QUA	NTITY OR LOADING	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL

04/01/2014

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittied. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149	019A-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MOMIL	DRING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE:

illing ZIP CODE.

90802

MINOR (SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible	SAMPLE	*****			*****	*****	*****	*****			
foam-visual	MEASUREMENT										
45613 1 0	PERMIT	****	Req. Mon.	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Effluent Gross	REQUIREMENT		VALUE							-	
Free Oil Visual Sheen	SAMPLE	*****			*****	*****	*****	*****			
	MEASUREMENT										
51689 1 0	PERMIT	*****	Reg. Mon.	Y=1;N=0	*****	*****	*****	*****		Daily When	VISUAL
Effluent Gross	REQUIREMENT		VALUE							Discharging	
Flow	SAMPLE		*****		*****	*****	*****	*****			
	MEASUREMENT										
74076 1 0	PERMIT	Reg. Mon.	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG								,	
Flow	SAMPLE		*****		*****	*****	*****	*****			
	MEASUREMENT										
74076 EG 0	PERMIT	1200	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Effluent Gross	REQUIREMENT	YTD TOT								, ,	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and sevaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEPI	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I an aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Dec. 1 through Nov. 30 each year.

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149		020A-A					
PERMIT NUMBER		DISCHARGE NUMBER					
MONITORING PERIOD							
MONIT	ORIN	G PERIOD					
MM/DD/YYYY	ORIN	G PERIOD  MM/DD/YYYY					

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL

MAME/THE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of ny knowledge and belief, rue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149	021A-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MOMIN	ORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Hydrotest Water External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONCENTRATION			NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

MANUEL I KINGII AL LALGOTIVE OTTIGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	krowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Roberston

CAF001149	022A-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily When Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	ktnowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY